

IndiaFirst Life Insurance Company Ltd



Name of Life To Be Assured / Proposer: _____

Requirement: **Family History details**

Application No.

FAMILY HISTORY OF THE LIFE TO BE ASSURED

15. Have either of your parents or any brothers or sisters suffered from or died due to any of the following conditions: Heart problems, diabetes, stroke, hypertension, raised cholesterol, cancer, or any hereditary disease? If yes, please give full details below: Yes No

Family Members	Age	If Alive, Illness, if any	Age	If Deceased, Exact Cause of Death
Father				
Mother				
Brother / Sister				

Signature box for Life To Be Assured / Proposer

Signature box for FA / CRO / BDM

Signature of Life To Be Assured / Proposer

Signature of FA / CRO / BDM

Place: _____

Place: _____

Date: _____

Date: _____